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PATENT  
Attorney Docket No.: 19744P-000300US

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 On September 2, 2003

TOWNSEND and TOWNSEND and CREW LLP

By: JoAnn Evangelista  
JoAnn Evangelista

TH  
11-6-03  
#16/1E

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

MICHAEL A. EVANS et al.

Application No.: 09/388,294

Filed: September 1, 1999

For: METHODS AND APPARATUS  
FOR ACCESSING AND  
TREATING BODY LUMENS

Customer No.: 20350

Confirmation No.: 3723

Examiner: SIRMONS, K.

Technology Center/Art Unit: 3763

**AMENDMENT**

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Commissioner for Patents  
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Sir:

In response to the Office Action mailed May 30, 2003, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.

3763.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/388,294
Filing Date	September 1, 1999
First Named Inventor	EVANS, MICHAEL A.
Art Unit	3763
Examiner Name	SIRMONS, K.
Attorney Docket Number	19744P-000300US

Total Number of Pages in This Submission 10

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Townsend and Townsend and Crew LLP Lynn M. Thompson	Reg. No. 47,991
Signature		
Date	September 2, 2003	

## CERTIFICATE OF TRANSMISSION/MAILING

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Typed or printed name	JoAnn Evangelista		
Signature		Date	September 2, 2003